

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030482

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

88

Primary Registration District No.

5326

Registrar's No.

20

FILED AUG 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Crawford - Meramec Sup.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cuba Rural

Length of stay in b

1 WA

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Shawnee Lodge

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY  
OR TOWN

Shawnee Heights

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

9250 Astoria

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Arthur Hloysius Weiss

## 4. DATE OF DEATH

Month Day Year  
Aug 3, 1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-31-1903

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months Days Hours Min.

10. USUAL OCCUPATION Give kind of work done  
during most of working life, or if retired

General Mgt. Asst.

## 10b. KIND OF BUSINESS OR INDUSTRY

M. Pac. T. R.

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13. FATHER'S NAME

August Weiss

## 13b. MOTHER'S MAIDEN NAME

Katherine Mueller

## 14. NAME OF HUSBAND OR WIFE

Josephine NEE Walz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO NEVER

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Josephine Weiss

## Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

10 min

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from  
Death occurred at8-3-62, to 8-3-62 and last saw him alive on 8-3-62  
7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Frank A. Elders, M.D.

## 22b. ADDRESS

Cuba, Missouri

## 22c. DATE SIGNED

8-3-62

23. FUNERAL CREATION,  
(If removed, specify)

## 23b. DATE

8-3-62

## 23c. NAME OF CEMETERY OR CREMATORY

Salisbury Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Buchholz Mortuary, 5767 N. Main St., St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-8-62

## 26. REGISTRAR'S SIGNATURE

Mrs. Hazel Lichner

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

6280

24001

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AS AUG 8 1 1962

SEP 11 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Paul P. Shaw*

Licensed Embalmer No. 3472

P. O. Address Pulaski, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)...  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.